

NOFA Application

Project Name

1. SUMMARY OF REQUEST (Check all that apply)

Loan T	ype	Target Population	# of Units	Target Population	# of Units
	Pre-Dev.	Seniors (55+)	Units	Homeless Families	Offics
	Acquisition	Veterans		Chronically Homeless	
	New Const.	Domestic Violence Survivors		Persons w/disabilities	
	Rehabilitation	Transitional Aged Youth (TAY)		Persons w/HIV/AIDS	
				Persons w/substance abuse	
	Total	Total		Total	

Provide narrative description of the proposal, including the overall size, uses, resident population, resident and community amenities, general layout, summarized financing and services plans, and Community Engagement during development and after. Please keep to less than 2 pages.

	Project Name:	
Description of Proposal Narrative (continued):		

	Project Name:	
2. PROJECT & SITE INFORMATION		
Project Name		
Project Address		
Assessor Parcel #	Parcel Size (sq. ft.)	Census Tract #
Purchase Price	Appraised Value	
owner to the development entity. Include	Land Option (expire the chain of contracted transactions to transfer owners a Preliminary Title Report (no older than 3 months), Pho nenities for which Applicant will use to demonstrate mi	ase I Environmental Assessment of the
SUMMARY OF RESTIRICTIONS (A	<u>'f any)</u>	
3. DESIGN AND LOCAL AMENITIES		
Residential Area (sq. ft.)	Community Room Area (sq. ft.)	# of elevators
Construction Type	Hearing/sight impaired units	Accessible units
# of Buildings/Floors	Parking Type	Parking Spaces
Distance to health services	Distance to groceries	Distance to transit
4. DEVELOPMENT TEAM		
	e organization's technical capacity and expen	ience of key staff and positions.
<u>Developer Information</u>	<u>Project Manager Inf</u>	<u>formation</u>
Name	Name	
Director	Director	
Contact Email	Contact Email	
Contact Phone	Contact Phone	

5. DEVELOPMENT TIMELINE

Project Readiness and Milestone Schedule: Provide an estimate of major project milestones. Include milestones that have already been achieved.

Milestone	Date	Key Prerequisite Milestone / Contingency
Site Control		
Land Use & Zoning permission		
Community Engagement		
Entitlements		
Environmental Review (CEQA, NEPA)		
Funding Commitments		
Submission of plans to Planning		
TCAC Application (if applicable)		
Building permit issuance		
Construction closing		
Begin construction		
Start of lease-up activities		
Complete construction		
100% Occupancy		
Permanent Loan Conversion		

6. FINANCIAL FEASIBILITY AND COST EFFECTIVENESS

Describe the overall financing plan for the Project that will demonstrate that the Project meets threshold requirements with sufficient information to allow the City to fully determine the project's feasibility. Include/attach:

- Development Proforma that includes construction and permanent funding sources, uses including reserves and developer fees (both paid and deferred), Rent Schedule (including rental subsidies if applicable), and Tax Credit calculations and assumptions (both 4% & 9%).
- 20-Yeare Cash Flow
- Year-1 Operating Budget

Highlight any innovative financing approaches intended to minimizing the City's projected capital gap financing. In addition, Respondents are encouraged to highlight any innovative direct or indirect cost-cutting strategies relevant to overall development, construction or operating expenses, including estimated savings calculations if appropriate

PHASE	FUNDING SOURCE	REQUIRED LIEN POSITION	STATUS (Pending, Committed)	AMOUNT	TERMS (Rate, Term, Repayment terms)
Predevelopment:					
Acquisition:					
Construction:					
Permanent:					

Unit Mix

No. of Bedrooms	Square Footage	No. of Units	% of AMI	Rent	Utility Allowance	Rent + Utility	Operating Subsidy
				MGR UNIT			

Project Name:	

7. PROPERTY MANAGEMENT AND TENANT SELECTION CRITERIA

Briefly describe how the property will be managed, including the number of staff, locations, and management office hours. **Attach a copy of the property management plan**, grievance/appeals process, and tenant selection criteria.

8. DEBARRED STATEMENT

Has this firm, or any principal (s), ever been debarred from providing any services by the Federal Government, any state government, the State of California, or any local government agency within or without the State of California?

YES

NO If "yes", please attach a full detailed explanation, including dates, circumstances and current status.

9. 501 (c)(3) STATUS

If applicable, provide 501(c)(3) status and certification of good standing.

10. AUDITED FINANCIAL STATEMENTS

Provide latest audited financial statements.

11. DISCLOSURE STATEMENT

If the firm or any principals thereof have any current, past personal or professional relationship with any City of Santa Clara, please attach a full detailed explanation, including dates, circumstances and current status.

Project Name:		

12. NON-COLLUSION AFFIDAVIT

The undersigned party submitting this proposal hereby certifies that such proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the Proposal is genuine and not collusive or sham; that the Proposer has not directly or indirectly induced or solicited any other Proposer to put in a false or sham NOFA, and has not directly or indirectly colluded, conspired, connived, or agreed with any Proposer or anyone else to put in a sham NOFA, or that anyone shall refrain from proposing; that the Proposer has not in any manner, directly or indirectly sought by agreement, communication or conference with anyone to fix the NOFA cost of the Proposer or any other Proposer, or to fix any overhead, profit, or cost element of the NOFA or of that of any Proposer, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the NOFA are true; and further, that the Proposer has not, directly or indirectly, submitted his/her NOFA price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay any fee to any corporation, partnership, company, association, organization, NOFA depository, or to any member or agent thereof, to effectuate a collusive or sham NOFA.

13. VERIFICATION OF STATEMENT

The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the City discovers that any information entered herein is false, that shall entitle the City to not consider nor make award or to cancel any award with the undersigned party.

Collusion Affidavit, that I am authorized to submit this propo compliance with all the terms, conditions and stipulations.	,
Signature	Date
Print Name	

ATTACHMENT A ARMS-LENGTH TRANSACTION AFFIDAVIT

Th	e un	ndersigned as an individual <u>and</u> as a corp	orate officer of	, a California	
COI	por	ration, ("Applicant"), and its affiliates or	related entities ("Affiliates") being first duly swori	n, deposes and states:	
_			ual nor the Applicant or any of the Affiliates have a ual, familial or through employment or otherwise	-	
	a.	any entity in the chain of title of the procession of the processi	operty located at	, Santa Clara,	
	b.	to, the contemplated land purchase as	es between the current owners of the Property inc sevidenced in the Agreement of Purchase and Sales s buyer ("Agreement of Purchase and Sale" [Attac	e dated between	
2.	That neither the undersigned, the Applicant nor any Affiliate have assigned, transferred or otherwise transacted business with Seller other than the contemplated land purchase as evidenced in the Agreement of Purchase and Sale.				
3.	That neither undersigned, Applicant nor any Affiliate hold any interest whatsoever, direct or indirect, in the Seller cany broker or agent involved in the sale of the Property.				
4.	. No employee, officer or shareholder of the Applicant or any Affiliate is an employee officer or shareholder of Selle or any broker or agent involved in the sale of the Property.				
Th	e un	ndersigned declares under penalty of pe	rjury that the information contained in this Affida	vit is true and correct.	
Sel	ler				
(Signature)		ture)	(Date)		
Name:		:	in his/her individual capacity.		
Bu	yer				
(Signature)			(Date)		
Name [.]			in his/her individual capacity as Officer of A	onlicant and Affiliates	

ATTACHMENT A ARMS-LENGTH TRANSACTION AFFIDAVIT

STATE OF <u>CALIFORNIA</u>

SS.

CITY OF SANTA CLARA

)n	, before me,	, a notary
that document.		
signed the document	to which this certificate is attached, and not the truthfollowing	ulness, accuracy, or validity of
A notary public or oth	her officer completing this certificate verifies only the i	identity of the individual who

public, personally appeared _______, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature_____ (Seal)

ATTACHMENT B CHECKLIST OF REQUIRED INFORMATION

1.	Sun	nmary				
2.	Арр	ication Form (with all signatures)				
3.	Spo	Sponsor Background				
	•	Certification of 501(c) (3) status				
	•	Previous 2 years of tax returns or audited financial statements with management letters signed by Applicant or certified by CPA (Partnerships: please include for general partner), with needed explanations. Borrower's Organizational Chart				
	•	Certificate of Good Standing				
4.	Applicant Technical Capacity and Experience					
	•	eveloper: List and description of other similar projects owned and developed, and similar target population.				
	•	Property Management: List and description of other projects and number of units.				
5.	Property Management and Operation Plan					
	•	A description of resident services if applicable (one page maximum) that the project will provide.				
	•	Draft Property Management Plan (including tenant selection criteria).				
6.	Site Control					
	•	Evidence of site control				
	•	Appraisal				
	•	Preliminary Title Report				
	•	Phase I Report, Phase II Report, and Remediation Plan (as applicable).				
7.	• Pro	 Scaled Map Showing all amenities for which Applicant will use to demonstrate eligibility for TCAC and CDLAC funds (if applicable). Project Readiness 				
	•	Project milestone schedule.				
	•	Evidence that proposed new construction is permitted by current zoning law; or				
	•	Evidence to indicate that needed zoning is likely to be obtained and will not delay the project.				
8.	Financial Feasibility and Cost Effectiveness					
	•	Full development pro forma including:				
	•	20-year cash flow (including, as appropriate, commercial revenue)				
	•	Year 1 Operating Budget				
	•	A narrative description of the project cost and financing plan, including total project cost, all committed sources, all				
9.	Lev	anticipated sources and the status. eraging				
10.). Community Engagement Plan					